

Utah Cancer Control Program (UCCP)

BeWise Services

Program Policy and Procedure

October 1, 2008

In 1993, Congress authorized the Centers for Disease Control and Prevention (CDC) to establish the Well-Integrated Screening and Evaluation for women Across the Nation (WISEWOMAN) Program to extend the services that are provided to women as part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). In July 2008, Utah received additional WISEWOMAN funding to extend services to their NBCCEDP Clients.

Utah's NBCCEDP is known as the Utah Cancer Control Program (UCCP) and offers free breast and cervical cancer screening at over 40 locations statewide. During the first implementation phase of WISEWOMAN services the UCCP will contract with providers in Salt Lake and Utah Counties to provide extended services to women who currently access the free breast and cervical cancer screening. UCCP will introduce the program services by saying "The UCCP encourages Utah women to BeWise". Utah's program will **NOT** be known locally as the WISEWOMAN program. Until services are available statewide the program will continue to be known as the Utah Cancer Control Program (UCCP).

Mission of BeWise services:

Provide mid to low-income, underinsured, or uninsured 50-64 year old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay or control cardiovascular and other chronic diseases.

Goals of BeWise services:

1. Maximize the reach of the program (i.e. provide services to as many women as possible)
2. Work to eliminate health disparities by serving those most in need
3. Decreasing heart disease and stroke risk factors of participants
4. Maximize the number and variety of settings that deliver services
5. Ensure that services are delivered as intended (screening and lifestyle intervention)
6. Sustaining the benefits of services over time at the individual level (i.e. linking participants to low-cost community-based resources that support heart health)

BeWise Eligibility and Clinical Services

Eligibility is determined by age, income and participation in the UCCP breast and cervical cancer screenings.

Screening services include:

- Blood Pressure
- Cholesterol
- Glucose Test
- HbA1C (glycated hemoglobin) Test
- Height and Weight Measurements
- Risk Reduction Counseling
- Individual Lifestyle Coaching
- Mammogram
- Clinical Breast Exam (CBE)
- Pap Test
- Instruction on Breast Self Examination (BSE),
- Annual Reminder
- Treatment referral for Breast or Cervical Cancer and pre-cancerous conditions.

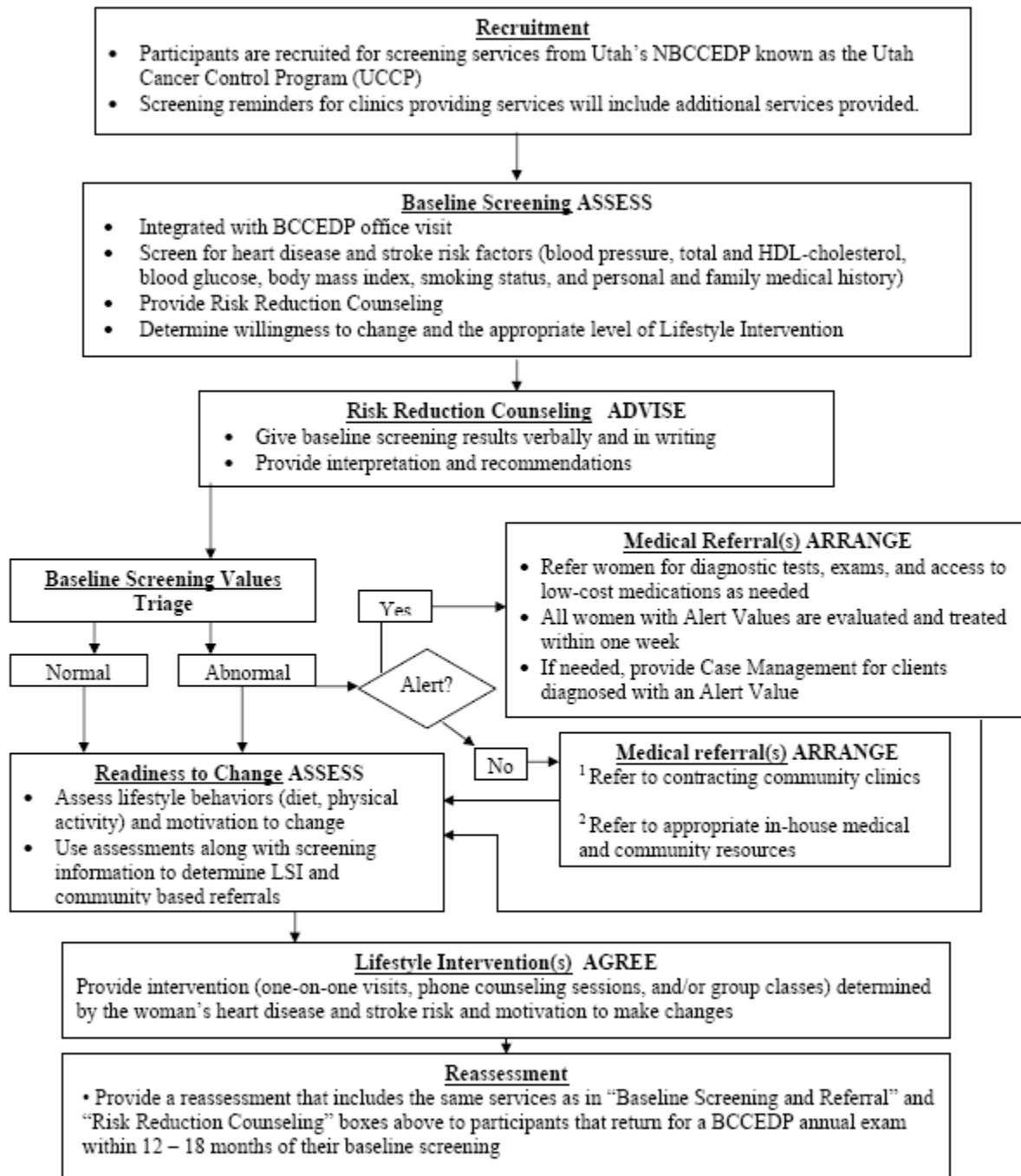
INCOME GUIDELINES 2008-2009 Heart Disease, Stroke, and Breast & Cervical Cancer Screenings Screening Available to Women Ages 50-64	
Family Size	250% Federal Poverty Level
1	\$26,000
2	\$35,000
3	\$44,000
4	\$53,000
5	\$62,000
6	\$71,000
7	\$80,000
8	\$89,000
9	\$98,000

Effective 7/1/08 – 6/30/09 Note: This CFHC schedule is based on official poverty levels published in the Federal Register, Vol. 73, No. 15

Funding is distributed to county and other community agencies to provide services. Eligibility criteria described above are the only requirement that clients must meet according to the UCCP. However, women may be required by contracting screening clinics to provide proof of income and proof of residence within the county or service area.

UCCP will reimburse screening clinics based on clinical services provided. Screening clinics are encouraged to accept UCCP reimbursement as payment in full. Reimbursement is based on established and agreed upon rate, which is outlined in the individual clinic contracts.

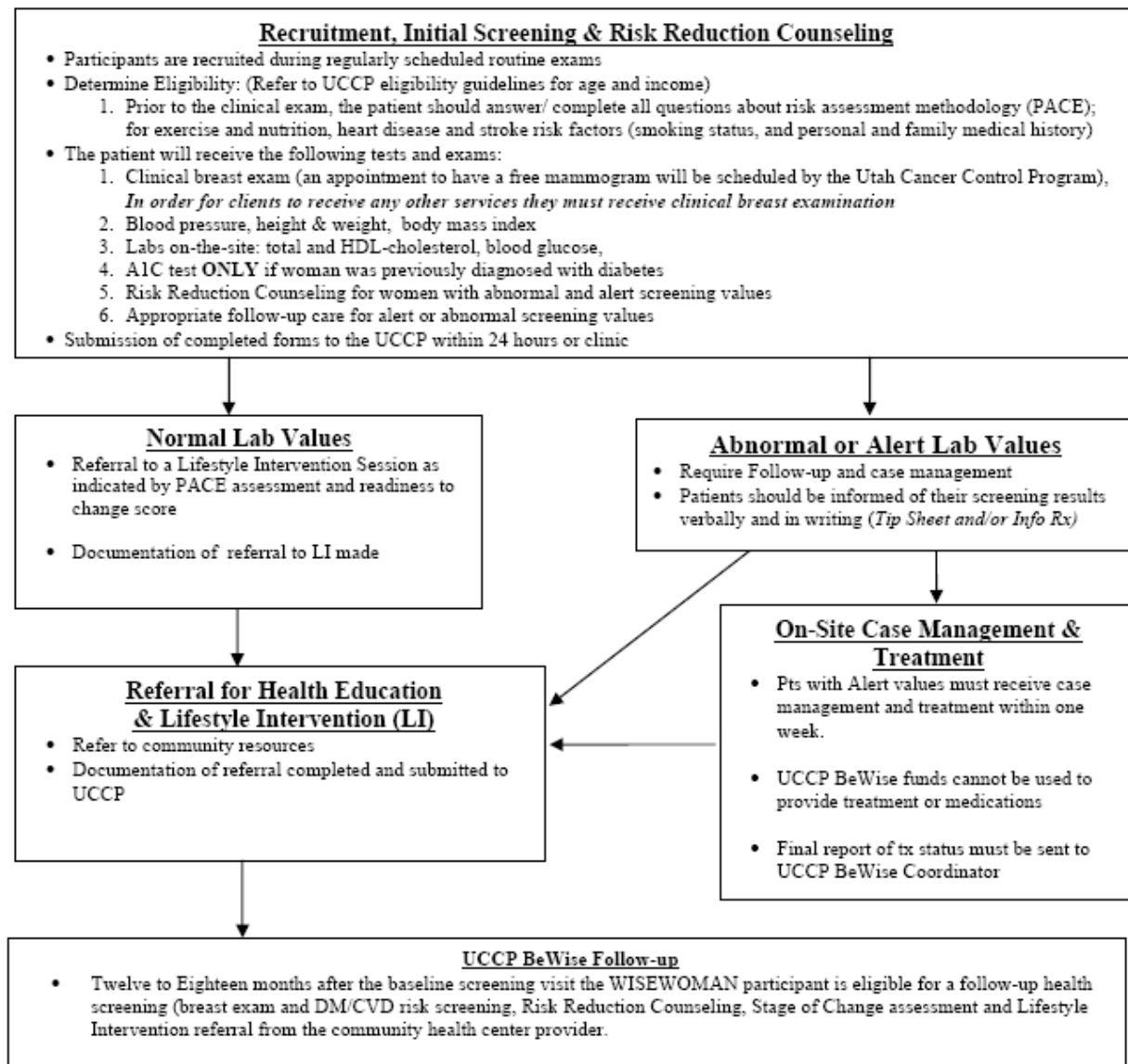
The diagram below presents the typical progression of how participants enter in and flow through the UCCP's BeWise services at the Utah's Local Health Departments.



¹ Protocol for Salt Lake Valley Health Department and Utah County Health Department

² Protocol for CHC Inc and Mountainlands CHC

The diagram below presents the typical progression of how participants enter in and flow through the UCCP's BeWise services at the Community Health Centers Inc (CHC Inc) and Mountainlands Community Health Center (MCHC).



¹ Please Note: Community Health Centers (CHC) do not complete or issue mammogram vouchers to clients. Mammogram vouchers are issued to eligible CHC Clients by the UCCP. Enrollment process is not complete until screening documentation is forwarded to the UCCP and the mammography voucher is issued. Reimbursement will not be sent until the client is fully enrolled into the program.

Utah Department of Health Utah Cancer Control Program BeWise Services Responsibilities

Develop and provide screening, follow-up, education, and reporting guidelines

Assure program guidelines follow national CDC NBCCEDP and WISEWOMAN guidelines

Provide required reporting forms

Provide client education materials and reinforcement tools

Reimburse providers for allowable services¹

Provide training and technical assistance

Set and maintain quality assurance standards

Provide CLIA-waived Cholestech LDX System machine, test cassettes (LIPID+GLUCOSE, TC+HDL+GLU), controls, optics check, pipettes (capillary tube), and lancets for each clinic providing BeWise services.

Provide Afinion Machines and test cassettes to provide HbA1C screening to women previously diagnosed with diabetes

Provide training on use of Cholestech machines

Maintain central client tracking system

Assist service provider with client case management/follow-up and annual evaluation screening efforts

Provide promotional items, literature, and other public educational materials when available.

Ensure continued funding by submitting timely progress and data submissions reports to CDC.

Assist contracting clinics in locating and providing community referral resources.

¹ **Please Note: UCCP will not reimburse clinics for services provided without the submission of properly complete forms.**

Contracting UCCP BeWise Screening Clinic Responsibilities

Recruit UCCP breast and cervical cancer screening clients for BeWise Services

Clinics must ensure that the 5 A's of the 5-A Behavioral Counseling Framework (Assess, Advise, Agree, Assist, Arrange) are delivered to all participants. Description of delivery of the 5 A's is described in the algorithm presented above which outlines how participants enter in and flow through the UCCP's BeWise services

Utilize the Cholestech and Afinion machines and cassettes provided by the UCCP BeWise Program. Cholestech and Afinion machines are CLIA-waived.

Provide all UCCP BeWise clinical services during one office visit (ie blood pressure, cholesterol and glucose testing, height and weight measurements, risk reduction counseling, voucher for a Mammogram, Clinical Breast Exam (CBE), Pap test, and Instruction on Breast Self Examination).

- **Exception:** UCCP **does not** contract nor reimburse Community Health Centers (CHC) to provide Pap tests or issue mammogram vouchers.

Complete, in full, UCCP BeWise Forms at the time of clinical exam (Consent, Demographics, Enrollment, Clinical Exam Results, Mammography Voucher, Referral forms where appropriate with Alert Management)

- **Exception:** Community Health Centers (CHC) **do not** complete nor issue mammography voucher to clients. Mammography vouchers are issued to eligible CHC Clients by the UCCP.

Provide cardiovascular health risk factor screenings in accordance with national clinical care recommendations

National Clinical Care Recommendations

Blood Pressure	<i>The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)</i> http://www.nhlbi.nih.gov/guidelines/hypertension/
Cholesterol	<i>Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III Final Report), National Institutes of Health, 2002</i> http://www.nhlbi.nih.gov/guidelines/cholesterol/ Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines http://rover2.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm
Overweight and Obesity	Obesity Education Initiative's Guidelines for Weight Management http://www.nhlbi.nih.gov/about/oei/ The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

Diabetes

http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

American Diabetes Association Clinical Practice Recommendations 2008

http://care.diabetesjournals.org/content/vol31/Supplement_1/#POSITION_STATEMENTS

Notify all women of screening results requiring follow up both verbally and in writing.
Documentation required.

Develop and monitor a tracking system to assure that women receive timely and appropriate rescreening and evaluation, diagnostic, and treatment services

Assure that women who have alert values (defined by CDC's WISEWOMAN Guidance) have access and are appropriately referred for medical evaluation and treatment immediately or within 7 days.

Referred Screening Values	
Systolic Blood Pressure	>160mmHg
Diastolic Blood Pressure	>100 mmHG
Total Blood Cholesterol	>300 mg/dL
Triglycerides	≥300 mg/dL
LDL-C	≥160mg/dL
Fasting or Non-fasting Blood Glucose	>375 mg/dL

Collect and report follow-up documentation for women with alert values

Submit documentation of services received and include a written explanation for any women with an alert value who does not receive medical care and/or medication.

Assure that clients have access to follow-up care and referral for reduced or low-cost medical treatment as recommended by the national standard.

Assist women with access to low or no cost medications if they require drug therapy

When necessary provide case-management to ensure that women with alert screening values receive appropriate and timely medical care.

Document at least two attempts to contact clients for follow-up of alert findings before designating the client as "lost to follow-up". One attempt should be by telephone and one by mail.

Provide intervention coordination for lifestyle education sessions (i.e. scheduling sessions, sending reminders of sessions etc)

Provide lifestyle behavior education interventions based on UCCP BeWise protocols.

Document refusal of diagnostic or treatment services in writing to the UCCP BeWise program with screening data.

Notify the client in writing of any services referred or recommended that are not offered and paid for by the UCCP BeWise program. No UCCP BeWise client should be billed for any service covered by the UCCP BeWise program.

Document screenings and assessment including the data of service and signature of the clinician.

Submit required reports, forms, and billing to the Utah Cancer Control Program BeWise, PO Box 142107, Salt Lake City UT 84114-2107 within 24 hours of clinic date. Copies of the forms may be faxed to 1-801-538-9030, followed by the original in the mail.

Participate in UCCP BeWise trainings and orientations.

Utilize statewide public education resources provided by UCCP BeWise to recruit eligible women into the project.

Display UCCP BeWise information in waiting areas and examination rooms. Also, disseminate recruitment and educational materials, and provide in-reach and outreach activities to all eligible women attending clinics in the facility.

Notification of Contract Cancellation, Clinic Requirements

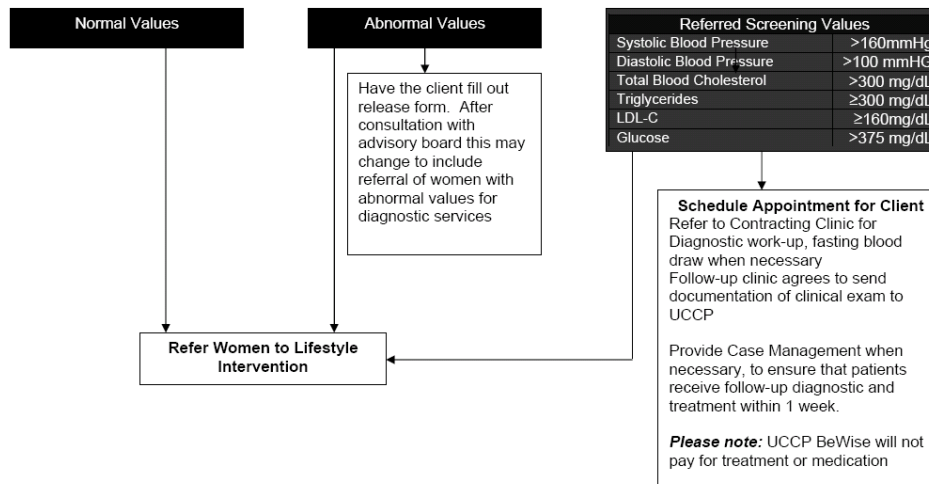
Submit a letter to UCCP BeWise Program thirty days before the date of anticipated termination of services. The letter must include the date of termination of BeWise services.

Continue to report all diagnostic and/or treatment information, after termination, on the appropriate UCCP BeWise forms to complete all outstanding follow-up cases. In order to accomplish this, a provider should work closely with the UCCP Clinical Team and Clinical Coordinator.

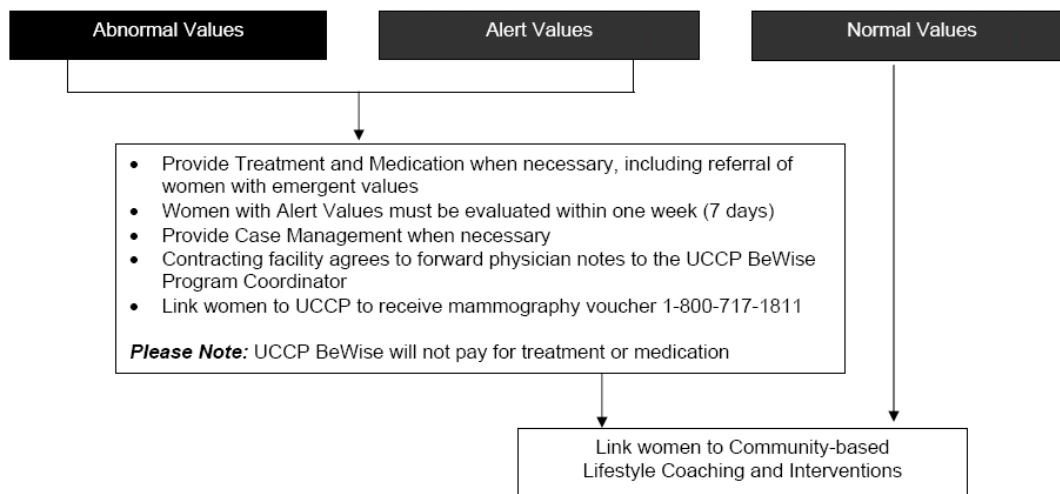
Inform clients where they may obtain UCCP BeWise services in their area once the provider terminates participation in UCCP BeWise

Algorithm for Managing Screening Values

UCCP BeWise Utah's Local Health Departments Algorithm for Management of Abnormal & Alert Screening Values October 2008

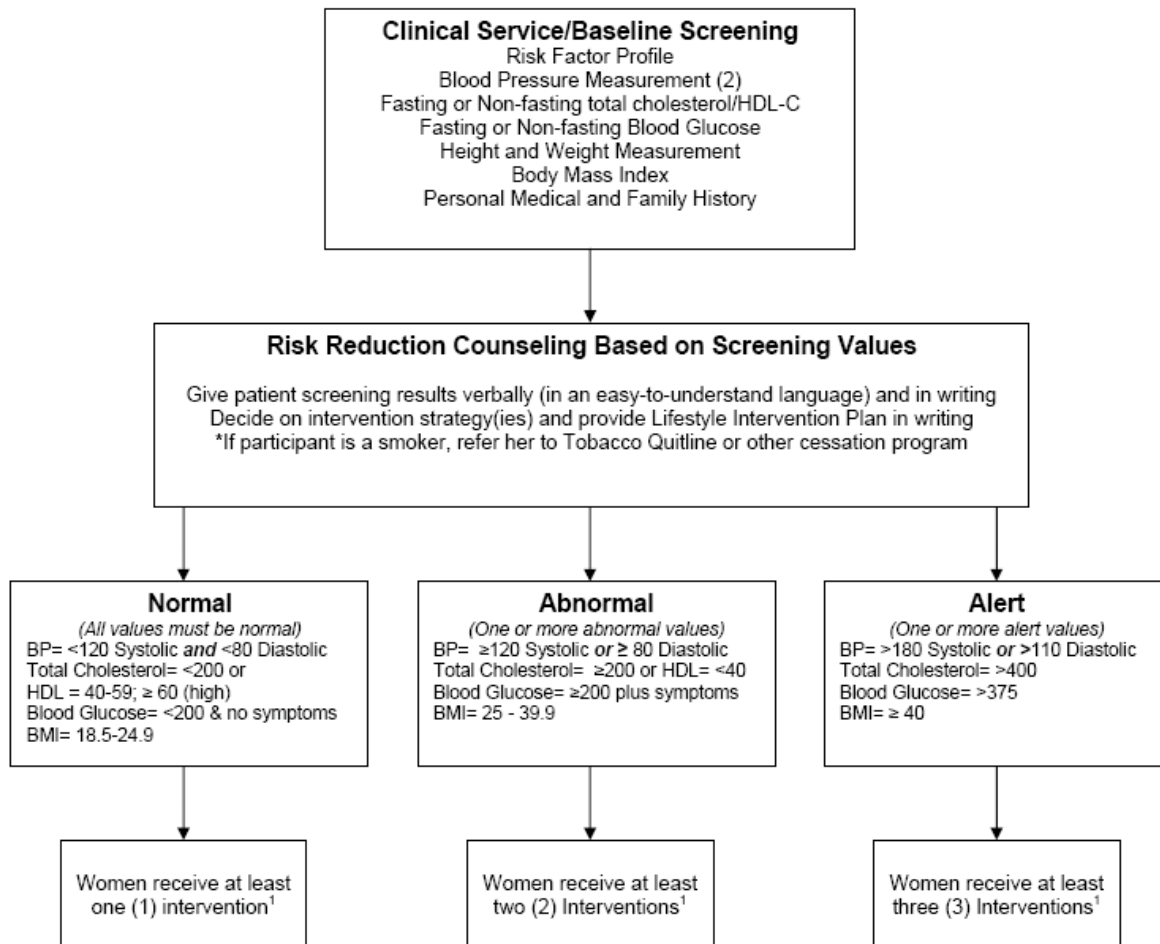


UCCP BeWise Association for Community Health Centers Algorithm for Management of Screening Values October 2008



Lifestyle Intervention

Local Health Departments will provide Lifestyle Coaching to clients. The intensity level of the intervention is determined by the individual woman. However, the following guidance is provided to create a standard or baseline of what is expected.



¹ **Please Note:** Coordinator and patient should collaborate in selecting interventions
Referrals to the Quitline or other cessation programs **DOES NOT** count as an intervention
Link women with a BMI 25 or higher to a nutrition and exercise resources and classes

Intervention Options and Documentation Guidelines

When implementing the Lifestyle Intervention the client determines a plan of what will work best with regards to participation in activities. Directly after the initial screening it is recommended that the client speak with the Lifestyle Coach. However, this is at the discretion of the Local Health Department and may be adapted based on the schedule and needs of the client.

It is recommended that clinics enroll women into the lifestyle intervention base on their screening values. However, recognizing that regardless of screening values, clients may be at different stages of change it may protocol is to have women with differing levels of risk

Activities=1 Intervention
Mail Education Materials + Follow up Call
Mail Education Materials + Response Card
15+ minute Phone Call using New Leaf
15+ minute One-on-One using New Leaf

Activities=2 Interventions
Education Class led by WW Interventionist
30+ minute Group Class using New Leaf
Referral and Attendance to Community Cooking Class
Referral and Attendance to Exercise Class / Group Physical Activity
Referral and Attendance to Weight Loss Program

To assist the Lifestyle Coach in implement the lifestyle intervention questions to assess the client's stage of change and current nutrition, physical activity, and smoking status are included on the *Medical History Form*.

The Lifestyle Intervention was designed and materials were created using New Leaf. Corazón de la Familia (Heart of the Family) is the Spanish version of New Leaf. Because of the length of the New Leaf Assessments and with feedback from other states the UCCP has condensed and limited the number of questions interventionist are required to ask. Required questions are included on the *Medical History Form*. However, if needed the Lifestyle Coach may administer additional assessments available in New Leaf or Heart of the Family.

New Leaf may be downloaded from www.wiseinterventions.org

Assessing Readiness to Change

During enrollment the screening clinic will assess readiness to change and current behavior by asking women a few questions.

1. Do you eat at least 5 or more servings (at least 2 ½ cups) of vegetables each day?
 - A. Yes, I have been for more than 6 months (Maintenance Stage)
 - B. Yes, I have been, but for less than 6 months (Action Stage)
 - C. No, but intend to in the next 30 days (Preparation Stage)
 - D. No, but intend to in the next 6 months (Contemplation Stage)
 - E. No, and I do not intend to in the next 6 months (Precontemplation Stage)
2. Do you eat at least 4 or more servings (2 cups) of fruits each day?
 - A. Yes, I have been for more than 6 months (Maintenance Stage)
 - B. Yes, I have been, but for less than 6 months (Action Stage)
 - C. No, but intend to in the next 30 days (Preparation Stage)
 - D. No, but intend to in the next 6 months (Contemplation Stage)
 - E. No, and I do not intend to in the next 6 months (Precontemplation Stage)
3. Do you exercise 4 or more times a week for at least 30 minutes a day?
 - A. Yes, I have been for more than 6 months (Maintenance Stage)
 - B. Yes, I have been, but for less than 6 months (Action Stage)
 - C. No, but intend to in the next 30 days (Preparation Stage)
 - D. No, but intend to in the next 6 months (Contemplation Stage)
 - E. No, and I do not intend to in the next 6 months (Precontemplation Stage)
4. Are you currently a smoker?
 - A. Yes, I am a smoker
 - B. No, I quit within the last 6 months Action Stage
 - C. No, I quit more than 6 months ago Maintenance Stage
 - D. No, I am not a smoker
5. If you are a smoker, do you plan to quit?
 - A. Yes, I plan to quit in the next 30 days (PREPARATION STAGE if they have one 24-hour quit attempt in the past year - refer to previous question...if no quit attempt then CONTEMPLATION STAGE)
 - B. Yes, I plan to quit in the next 6 months Contemplation Stage
 - C. No, I do not plan to quit Precontemplation Stage

Stages of Change: Understanding the Process of Changing Behavior

Precontemplation Stage

Clients are not considering making a change

Clients may feel “immune” to health problems others experience, be “in denial”

Clients may have tried to make a change in the past and have simply given up.

Outreach Strategies & Talking Points:

Goal: Client will begin thinking about change.

1. Use relationship building skills
2. Personalize risk factors
3. Rather than using scare tactics, express your care/concern.
4. Use teachable moments (the symptoms as message)
5. Educate in small bits, repeatedly, over time.
6. “What would have to happen for you to know that this is a challenge?”
7. What warning signs would let you know that this is a problem?”
8. “Have you tried to make positive progress in the past?”

Contemplation Stage-

Clients are undecided on whether they would like to make a change.

Giving up an enjoyed behavior causes them to feel a sense of loss despite the perceived gain.

Clients often assess the barriers (time, fear, expense) and the benefits of change.

Outreach Strategies & Talking Points:

Goal: Client will examine benefits and barriers to change.

1. Elicit from the client reasons to change and the consequences of not changing.
2. Explore ambivalence, praise client for considering the difficulties of change.
3. Question possible solutions for one challenge at a time.
4. Pose advice as gently as “a solution that has been effective for some clients and might be adaptable for you” to avoid natural resistance.
5. “Why do you want to change at this time?”
6. “What would keep you from changing at this time?”
7. “What are the barriers today that keep you from change?”
8. “What might help you with that aspect?”
9. “What things have helped in the past?”
10. “What would help you at this time?”

Preparation Stage

Clients prepare to make a specific change.

May experiment with small changes and their determination to change increases

Example: Sampling of low-fat foods may be experimentation with a move toward greater modification.

Outreach Strategies & Talking Points:

Goal: Client will discover elements necessary for decisive action.

1. Encourage clients efforts
2. Ask which strategies the patient has decided on for challenges/barriers.
3. Help client to set SMART goals- Specific, Measurable, Achievable, Relevant, and Time-Focused. "I will establish a pattern of regular exercise by walking one mile, four times each week, for the next month".

Action Stage

Taking a specific action to change

Any action taken should be praised because it demonstrates the desire for lifestyle change.

Outreach Strategies & Talking Points:

Goal: Client will take decisive action

1. Reinforce decision
2. Delight in even small successes
3. View problems as helpful information
4. Ask what else is needed for success.

Maintenance

Maintaining a new behavior over time

Discouragement over occasional "slips" may halt the change process, and result in the client giving up.

Outreach Strategies & Talking Points:

Goal: Client will incorporate change into daily lifestyle

1. Continue reinforcement
2. Ask what strategies have been helpful and what situations problematic

Relapse

Normal part of process of change

Usually feels demoralized.

Clients will find themselves "recycling" through the stages of change several times until the change becomes truly established.

Outreach Strategies & Talking Points:

Goal: Learn from temporary success and re-engage client in the change process

1. Reframe "failure" to "successful for awhile plus new lessons" for continued success.

Remind client that change is a process, and that most people "recycle".

National Clinical Care, Diet, and Lifestyle Recommendations

Diet	Diet and Lifestyle Recommendations Revision 2006. A Scientific Statement From the American Heart Association Nutrition Committee http://circ.ahajournals.org/cgi/content/abstract/CIRCULATIONAHA.106.176158v1
	Dietary Guidelines for Americans http://www.healthierus.gov/dietaryguidelines/
	Therapeutic Lifestyle Changes (TLC) diet principles (ATP III) http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm
	DASH eating plan (JNC 7) http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/
Physical Activity	CDC/American College of Sports Medicine (ACSM) recommendations http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm
	Surgeon General's recommendations for physical activity http://www.cdc.gov/nccdphp/sgr/contents.htm
	The Task Force on Community Preventive Services systematic reviews of community interventions to increase physical activity http://www.thecommunityguide.org/pa/default.htm
Tobacco Use	U.S. Department of Health and Human Services Clinical Practice Guideline: Treating Tobacco Use and Dependence http://www.surgeongeneral.gov/tobacco/default.htm